

SERFF Tracking Number: MGCA-126654239 State: Arkansas
 Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 45838
 Company Tracking Number: CH-26116-IP (01/10) AR 201006 AR CHESAPEAKE 15240
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
 Product Name: CH-26116-IP (01/10)
 Project Name/Number: /

Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: CH-26116-IP (01/10) SERFF Tr Num: MGCA-126654239 State: Arkansas

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved- State Tr Num: 45838
 Closed

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: CH-26116-IP (01/10) State Status: Approved-Closed
 AR 201006 AR CHESAPEAKE
 15240

Filing Type: Rate

Reviewer(s): Rosalind Minor

Authors: EDS EDSSupport, Sergei Mordovine, Yan Yuan, Eliseo Rodriguez, David Beimesch, Tony Huang, Chanel Orallo, Sommay Khounlo, Ashley Toner, Jennifer Schilb

Date Submitted: 06/01/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/07/2010

Explanation for Other Group Market Type:

State Status Changed: 06/07/2010

Deemer Date:

Created By: Eliseo Rodriguez

Submitted By: Eliseo Rodriguez

Corresponding Filing Tracking Number:

Filing Description:

We are extending maximum issue age from 55 to 63. We are also modifying benefit rating factor for Daily Benefit Option Amount \$250 and \$500. Benefit rating factor for \$250 benefit option will be increased by 25% to account for minimal

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underwriting for this benefit option; and benefit rating factor for \$500 benefit option will be decreased by 25% to account for standard underwriting for this benefit option.

Company and Contact

Filing Contact Information

David Beimesch, nrhact-comp@healthmarkets.com
9151 boulevard 26 817-255-3752 [Phone]
north richland hills, TX 76180

Filing Company Information

The Chesapeake Life Insurance Company CoCode: 61832 State of Domicile: Oklahoma
9151 Boulevard 26 Group Code: 264 Company Type:
North Richland Hills, TX 76180 Group Name: State ID Number:
(817) 255-3100 ext. [Phone] FEIN Number: 52-0676509

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Chesapeake Life Insurance Company	\$25.00	06/01/2010	36923074
The Chesapeake Life Insurance Company	\$25.00	06/02/2010	36951099

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/07/2010	06/07/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/02/2010	06/02/2010	Eliseo Rodriguez	06/02/2010	06/02/2010

SERFF Tracking Number: *MGCA-126654239* *State:* *Arkansas*
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Product Name: *CH-26116-IP (01/10)*
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Disposition

Disposition Date: 06/07/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Supporting Documentation	Approved-Closed	Yes
Rate	CH-26116-IP (0110) AR Rates.pdf	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/02/2010

Submitted Date 06/02/2010

Respond By Date

Dear David Beimesch,

This will acknowledge receipt of the captioned filing.

Objection 1

- CH-26116-IP (0110) AR Rates.pdf , [] (Rate)

Comment:

Under our Rule and Regulation 57, Subsection II, Category "B", the amount of fee for the filing/review of each Life and/or accident and health rate filing is \$50.00 per form.

Please submit an additional \$25.00 for this filing.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/02/2010
Submitted Date 06/02/2010

Dear Rosalind Minor,

Comments:

Response 1

Comments: The additional \$25 has been submitted.

Related Objection 1

Applies To:

- CH-26116-IP (0110) AR Rates.pdf , [] (Rate)

Comment:

Under our Rule and Regulation 57, Subsection II, Category "B", the amount of fee for the filing/review of each Life and/or accident and health rate filling is \$50.00 per form.

Please submit an additional \$25.00 for this filing.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you.

Sincerely,

Ashley Toner, Chanel Orallo, David Beimesch, EDS EDSSupport, Eliseo Rodriguez, Jennifer Schilb, Sergei Mordovine, Sommay Khounlo, Tony Huang, Yan Yuan

Rate/Rule Schedule

SERFF Tracking Number: MGCA-126654239 State: Arkansas
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Schedule	Document Name:	Affected Form	Rate	Rate Action Information:	Attachments
Item		Numbers:	Action:*		
Status:		(Separated with commas)			
Approved-	CH-26116-IP (0110)		New		CH-26116-IP
Closed	AR Rates.pdf				(0110) AR
06/07/2010					Rates.pdf

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Hospital Confinement Indemnity Policy

CH-26116-IP (01/10) AR

Formula
Round(AgeSex x Base x Inflation x Tobacco x Daily Benefit Amount ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 12 for annual premium rates.

Inflation
1.000000000

A billing fee of up to \$5 may be charged on direct bill modes. A one time application fee of up to \$30 may be applicable.

Base	Factor
Base	9.020

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

Benefit Options	Factor
Daily Benefit Amount 100	0.300000
Daily Benefit Amount 200	0.600000
Daily Benefit Amount 250	0.937500
Daily Benefit Amount 300	0.900000
Daily Benefit Amount 400	1.200000
Daily Benefit Amount 500	1.500000
Daily Benefit Amount 750	2.250000
Daily Benefit Amount 1000	3.000000
Daily Benefit Amount 1500	4.500000

Other benefit factors can be obtained by formula: (Daily Benefit Amount / 100) x 0.300000

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	1.170

Age*	Factor	Gender	Adult/Dep
00	0.6400	Female	Adult
01	0.6400	Female	Adult
02	0.6400	Female	Adult
03	0.6400	Female	Adult
04	0.6400	Female	Adult
05	0.6400	Female	Adult
06	0.6400	Female	Adult
07	0.6400	Female	Adult
08	0.6400	Female	Adult
09	0.6400	Female	Adult
10	0.6400	Female	Adult
11	0.6400	Female	Adult
12	0.6400	Female	Adult
13	0.6400	Female	Adult
14	0.6400	Female	Adult
15	0.6400	Female	Adult

Age*	Factor	Gender	Adult/Dep
16	0.6400	Female	Adult
17	0.6400	Female	Adult
18	0.6300	Female	Adult
19	0.6200	Female	Adult
20	0.6000	Female	Adult
21	0.5800	Female	Adult
22	0.5500	Female	Adult
23	0.5100	Female	Adult
24	0.4400	Female	Adult
25	0.4000	Female	Adult
26	0.4100	Female	Adult
27	0.4300	Female	Adult
28	0.4500	Female	Adult
29	0.4900	Female	Adult
30	0.5100	Female	Adult
31	0.5300	Female	Adult
32	0.5500	Female	Adult
33	0.5800	Female	Adult
34	0.6300	Female	Adult
35	0.6700	Female	Adult
36	0.6900	Female	Adult
37	0.7200	Female	Adult
38	0.7600	Female	Adult
39	0.8200	Female	Adult
40	0.8700	Female	Adult
41	0.8800	Female	Adult
42	0.9000	Female	Adult
43	0.9300	Female	Adult
44	0.9700	Female	Adult
45	1.0100	Female	Adult
46	1.0300	Female	Adult
47	1.0600	Female	Adult
48	1.1100	Female	Adult
49	1.1700	Female	Adult
50	1.2200	Female	Adult
51	1.2600	Female	Adult
52	1.3200	Female	Adult
53	1.4000	Female	Adult
54	1.5200	Female	Adult
55	1.6100	Female	Adult
56	1.6400	Female	Adult
57	1.6800	Female	Adult
58	1.7400	Female	Adult
59	1.8300	Female	Adult
60	1.9300	Female	Adult
61	2.0200	Female	Adult
62	2.1300	Female	Adult
63	2.2500	Female	Adult
00	0.6400	Male	Adult
01	0.6400	Male	Adult
02	0.6400	Male	Adult
03	0.6400	Male	Adult

Age*	Factor	Gender	Adult/Dep
04	0.6400	Male	Adult
05	0.6400	Male	Adult
06	0.6400	Male	Adult
07	0.6400	Male	Adult
08	0.6400	Male	Adult
09	0.6400	Male	Adult
10	0.6400	Male	Adult
11	0.6400	Male	Adult
12	0.6400	Male	Adult
13	0.6400	Male	Adult
14	0.6400	Male	Adult
15	0.6400	Male	Adult
16	0.6400	Male	Adult
17	0.6400	Male	Adult
18	0.6400	Male	Adult
19	0.6300	Male	Adult
20	0.6200	Male	Adult
21	0.6200	Male	Adult
22	0.6000	Male	Adult
23	0.5800	Male	Adult
24	0.5600	Male	Adult
25	0.5400	Male	Adult
26	0.5500	Male	Adult
27	0.5700	Male	Adult
28	0.5900	Male	Adult
29	0.6300	Male	Adult
30	0.6500	Male	Adult
31	0.6700	Male	Adult
32	0.6900	Male	Adult
33	0.7200	Male	Adult
34	0.7600	Male	Adult
35	0.8000	Male	Adult
36	0.8200	Male	Adult
37	0.8500	Male	Adult
38	0.8900	Male	Adult
39	0.9500	Male	Adult
40	1.0000	Male	Adult
41	1.0300	Male	Adult
42	1.0800	Male	Adult
43	1.1400	Male	Adult
44	1.2300	Male	Adult
45	1.3100	Male	Adult
46	1.3400	Male	Adult
47	1.3800	Male	Adult
48	1.4400	Male	Adult
49	1.5300	Male	Adult
50	1.6000	Male	Adult
51	1.6400	Male	Adult
52	1.6900	Male	Adult
53	1.7600	Male	Adult
54	1.8700	Male	Adult
55	1.9500	Male	Adult

Age*	Factor	Gender	Adult/Dep
56	1.9700	Male	Adult
57	2.0000	Male	Adult
58	2.0500	Male	Adult
59	2.1200	Male	Adult
60	2.2000	Male	Adult
61	2.2800	Male	Adult
62	2.3600	Male	Adult
63	2.4500	Male	Adult
-	0.3200	Female	Dep Child
-	0.3200	Male	Dep Child

*Issue Age Rating

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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Supporting Documentation	Approved-Closed	06/07/2010
Comments:			
Attachments:			
CH-26116-IP (0110) AR Certificate of Compliance.pdf			
CH-26116-IP (0110) AR Cover Letter.pdf			
CH-26116-IP (0110) AR Rate History.pdf			

Certification of Compliance with
Arkansas Rule and Regulation 19

Insurer: NAIC # 264-61832
Form Number(s): CH-26116-IP (01/10) AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Derrick Duke

Name

5/26/2010

Date



**The Chesapeake
Life Insurance Company**
Home Office: Oklahoma City, OK

9151 Boulevard 26
N Richland Hills, TX 76180
www.chesapeakelife.com
Phone: 800.729.2302
Fax: 817.255.8274

5/24/2010

Ms. Rosalind Minor
Arkansas Insurance Department
1200 West Third Street
Little Rock AR 72201-1904

**RE: The Chesapeake Life Insurance Company
Individual Policy Form Rate Change Filing for:
Hospital Confinement Indemnity Policy
Policy Form Number: CH-26116-IP (01/10) AR
Company NAIC # 264-61832
Company FEIN # 52-0676509**

Dear Ms. Minor,

For your approval, we are submitting filing documents in support for the added issue age rates for age 56 through 63. We are increasing our issue age limit from age 55 to age 63, therefore, making this product more available to the public. The new issue age rates for age 56 through 63 are added to our previously approved rates for this form. We are also modifying benefit rating factor for Daily Benefit Option Amount \$250 and \$500. Benefit rating factor for \$250 benefit option will be increased by 25% to account for minimal underwriting for this benefit option; and benefit rating factor for \$500 benefit option will be decreased by 25% to account for standard underwriting for this benefit option. As previously filed with the initial new form filing, \$250 benefit option was issued with standard underwriting while \$500 benefit option was issued with minimal underwriting.

Currently, there are 0 policies in force in your state under this form.

This rate filing has been filed as "File and Use" with our domicile state of Oklahoma. Please let us know if you have any questions or need additional information regarding this filing. Thanks in advance for your review.

Sincerely,

Chanél Orallo
Actuarial Analyst
Phone: (800) 729-2302 x6427
Fax: (817)255-8274
Email: NRHAct-Comp@HealthMarkets.com

Enclosures

CH-26116-IP (01 / 10) AR

Individual Hospital Confinement Indemnity Policy

Effective Date	Rate Increase/Decrease
No Rate History	